## FILED May 23, 2003 8:00 am Secretary of State

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|----------|---|---------|
| UNIFORM  | <b>BUSINESS REPO</b>                    | RT (UBR |
| 2003 LIM | IIED LIABILIIY G                        | umpant  |

| PACKED PLACE OF SUSTRIETS TYPE WAITH UNVERSITY DRIVE SUITE 205 TAMARIC R. 3322  2. Principal Place of Business Type Waith University DRIVE SUITE 205 TAMARIC R. 3322  3. Malling Andress Suite, Ago.   4 old   5 old   | 1. Entity Nar  |                           | ± L0200000                               | 07133                     |                           |                         |                |                  |               | 0233 037 ***   |                  |         |
|--|--|---------------------------|--|---------------------------|---------------------------|-------------------------|----------------|------------------|---------------|----------------|------------------|---------|
| E. PROCEDIFIED OF COUNTY  SURE ADJ. 8, etc.  City & State  | 7797 NOATH UNIVERSITY ORIVE<br>SUITE 205                                     |                           | 7797 NORTH UNIVERSITY DRIVE<br>SUITE 205 |                           | -                         | 440                     | 02301          |                  |               |                |                  |         |
| Sullio, Apt. II etc.  Sullio, Apt. II etc.  Sullio, Apt. II etc.  Sullio, Apt. II etc.  City & State  A. FET Number  Applications  State Applications  State Applications  A. FET Number  A. FET Numb |  | ·                         | ss                                       |                           |                           |                         | _              |                  |               |                |                  |         |
| Zip Country Zip Country S. Ocarticy S. Ocarticy S. Ocarticy S. Ocarticate Shape Desired S. Ocarticate Shape Desired S. Ocarticate Shape Desired S. Ocarticate Shape Desired S. Ocarticate Shape S. Ocarticate Shape Desired S. Ocarticate Shape  |  |                           | ,  |                           |                           | _                       |                |                  |               |                |                  |         |
| E. Name and Address of Current Registered Agent  F. Name and Address of New Registered Agent  F. Name and Address of New Registered Agent  F. Name and Address of New Registered Agent  Name  Street Address (P.O. Box Number is Not Acceptable)  Street Address (P.O. Box Number is N | City & State   |                           | City & State                             |                           | 4. FEI Number Applied For |                         |                |                  |               | ]              |                  |         |
| Name     Street Address (P.O. Box Number is Not Acceptable)   Street Address (P.O. Box Number is Not Acceptable)   Street Address (P.O. Box Number is Not Acceptable)  | Zip  |                           | Country                                  | Zip                       | Count                     | гу                      | 5. Certific    | •                |               | \$5.00 Ad      | ditional         |         |
| NIGAS REGISTERED AGENT CORPORATION 100 S.E. 2ND STREET SUITE 2800 MIAMI FL 33131-1714  2 To Dobe named ently submits this statement for the purpose of changing its registered office or registered agent, or both, in the Street of Floride. I am familiar with, and except the obligations of registered agent.  2 To Dobe named ently submits this statement for the purpose of changing its registered office or registered agent, or both, in the Street of Floride. I am familiar with, and except the obligations of registered agent.  2 To Dobe in the obligations of registered agent.  3 To Dobe in the obligations of registered agent.  3 To Dobe in the obligations of registered agent.  4 To Dobe in the obligations of registered agent.  5 To Dobe in the obligations of register |  | 6. Name ar                | nd Address of Current Re                 | gistered Agent            |                           |                         | 7. Name s      | ind Address o    | f Now Registe | red Agent      |                  | ]       |
| ADDITIONS / Change   Change   Addition    B. The above named entity submits this statement for the purpose of changing to registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE:    City   FL   Zip Code   | 100 S.E. 2ND STREET  |                           |  |                           |                           | (P.O. Box Nun           | nber is Not Ac | ceptable)        |               | د ۱۰۰۰ پارونست |                  |         |
| 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florids. I am familiar with, and accept the obligations of registered agent.  SIGNATURE    Signature   Signatu |  |                           | 1714                                     |                           |                           |                         |                |                  | ı             |                | _ <del>_</del> _ |         |
| 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida, 1 am familiary with, and accept the obligations of registered agent.  SIGNATURE:    Change  |  |                           |  | • • • • • • • • •         | ſ                         | City                    | ··             |                  |               | Zip Cod        | e                | 1       |
| Compared to protect name of registrates against and last approach date traphocal protect name of registrates against an invasional protection in the compared of the compared to the compare   |  |                           |  | e purpose of changing its | registere                 | d office or registe     | ered agent, or | both, in the Sta |               |                | and accept       | _       |
| FILE NOW!!! FEE IS \$50.00  Make Check Payable to Florida Department of State Due By May 1, 2003  8. MANAGING MEMBERS / MANAGERS 10. TO ADDITIONS/CHANGES TITE MAY A POR / NAC, ME MEAL Delete MME   | SIGNATURE  | Ciones va broad or o      | without marked mainleast agent and       | the description (NOTE     | i Barimana                | Agent simple to the day |                | <u>-</u>         |               |                | <u> </u>         | )       |
| TITLE   Delde   Delde   TITLE   Delde   Delde   TITLE   Delde   Delde  | FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State |                           |  |                           |                           |                         |                |                  |               |                |                  |         |
| MARE TREET ADDRESS CITY-ST-ZP TITLE NAME STREET  | 9.   |                           |  | /MANAGERS                 | 10.                       |                         |                | ADD              | TIONS/CHAN    | GES            |                  | 1_      |
| MARE TREET ADDRESS CITY-ST-ZP TITLE NAME STREET  |  | 1 .                       |  | ☐ Delete                  |                           |                         |                | ,                |               | ☐ Change       | ☐ Addition       | 18      |
| MARE TREET ADDRESS CITY-ST-ZP TITLE NAME STREET  | STREET ADDRESS   | 260G N                    | E ZEE STREET                             | 3)305                     | STREE                     | T ADDRESS               | ,              | ٠                |               |                |                  | E083 (1 |
| STREET ADDRESS CITY-ST-ZP TITLE NAME STREET ADDR | TITLE  |                           |  |                           | TITLE                     |                         | ·              |                  |               | Change         | ☐ Addition       | 뜅       |
| ITILE NAME NAME NAME NAME NAME STREET ADDRESS CITY-ST-ZIP  TITLE STR | STREET ADDRESS   | MEHUL DESAIL NIN 6R PLACE |  | STREET                    |                           |                         |                |                  | ٠٠ مس         |                | -                |         |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET  | NAME<br>STREET ADDRESS   |                           |  |                           | NAME<br>STREET            | 1                       |                |                  |               | ☐ Change       | Addition         | _       |
| NAME STREET ADDRESS CITY-ST-ZIP  TITLE  Delete  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE  NAME STREET ADDRESS CITY-ST-ZIP  11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.  SIGNATURE:   | TITLE<br>NAME<br>STREET ADORESS  |                           |  | Delete                    | TITLE<br>NAME<br>STREET   | T ADDRESS               | <u> </u>       |                  |               | ☐ Change       | ☐ Addition       |         |
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| SIGNATURE AND TYPED OR FRINTED MAKE OF SIGNANG MANAGER, MANAGER, OR AUTHORIZED REPRESENTATIVE DAIS DEVENO Phone #  |  |                           |  |                           |                           |                         |                |                  |               |                |                  |         |